

What Can Be Learned From The Rural Clinic School In The Northern Territory Australia: Community Engagement Impacts At The Katherine Rural Clinical School

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At Flinders University's (FU) School of Medicine there are strong and passionate proponents driven by the need for innovation for community-based medical education, and those who advocate that solid and meaningful relationships are the fundamental principles for the success of this programme in rural, regional and remote settings. It is at Flinders University, main campus in South Australia, that there is the most comprehensive evidence-based research of the value of community-based medical education in rural general practice. The development of rural/remote clinical placements by medical schools was initially driven by the workforce imperative; experience in rural/remote settings would encourage a future interest in rural/remote practice. There is now a solid body of evidence to support that there is a specific range of knowledge and skills required by rural/remote practitioners and that a rural/remote setting provides a high-quality clinical learning environment that is of significant potential value to the medical students. Rural and remote clinical education provides a more hands-on experience for students, with the results that they are exposed to a wide range of common health problems and develop greater procedural competence.

“...by choosing to come to the Northern Territory for my clinical years, I have seen more health problems and been involved with team work than if I would have stayed at.....I would recommend this to any students; it is an invaluable experience.” (student S1, FNT, evaluation 2012)

Community-based education is grounded very much on relationships. There are the student-teacher, student-student, and student-community relationships across the clinical, institutional, social and personal dimensions. Through community engagement, the School of Medicine and communities establishes an interdependent partnership through which the community (which are multiple and diverse), is actively involved with the medical education, research and community development activities. The community not only ensures that the students feel ‘at home’ through ‘pastoral support’, but it also recognises the importance of the sharing of knowledge and skills acquired by community-immersed educative experience. The community brings an invaluable contribution to the students understanding and knowledge of the local social determinants of health. The community-based medical education takes the didactic teaching out of the classroom into the real world with real people.

“....we don't get any anything beneficial from teaching social determinants of health in the course. The only way to learn is to go rural and meet and live with the local people, share their everyday life. It is the only way to understand, be with and live in the community...” (S2, Rural Undergraduate Support & Co-ordination programme (RUSC), evaluation 2012).

At Flinders University Northern Territory Katherine Rural Clinical School, located 300 km south of Darwin (Northern Territory administrative capital), we have developed a strong community engagement programme to scaffold the students' learning during their clinical placement at Katherine and ensure that not only is it a positive experience but that students will contemplate, during the course of their career, coming back to rural, regional, or remote areas.

“...after this placement in Katherine, my understanding of Aboriginal people in a non-urban setting and their health issues has made me think about a rural GP pathway. It is not all ‘doom and gloom’ as we students think. Being close to the community makes you realise that people have similar health concerns, but their circumstances are different. Only a community placement can make you realise this for yourself.” (S3, Short Term training Programme (STTA), evaluation 2013).

Developing a community engagement programme and implementing it is quite challenging for a small team based in a region where the population spreads itself over an area the size of the United Kingdom yet accounts for only 17,000 inhabitants. Community engagement takes the notion of ‘community’ in the health sciences education a step further in that the community actively contributes to hosting the students, enhancing their learning experiences and contributing significantly to their training. We think that it is consistent with the focus of social accountability in medical education which is defined by the World Health Organization (WHO) as ‘the obligation to direct their education, research and services activities towards addressing the priority health concerns of the community, region and the nation that they have a mandate to serve...’. Within medical education the focus on acquiring biomedical information and technology skills often directs students away from developing the skills and attitudes required to understand and address the true determinants of health in their patients. The learning experience we offer in Katherine relates to the WHO principles that underpin the activities undertaken (humanistic and systemic principles). Katherine offers on a small scale the entire spectrum of the Australian health care system, and a very diverse social canvas where 80% of the population identify as Aboriginal Australian. Medical students seek clinical placement in Katherine for a period of time varying from four to twenty weeks. The FU Katherine Rural Clinical School (RCS) has established an interdependent partnership through which the community is actively involved in the RCS activities. In doing so, we have successfully moved into an integrated model where the RCS is seen as a part of the social canvas and where a

local advisory group assists the RCS and Elders from the Aboriginal communities. Geographic, social and cultural diversity are seen as strengths and an opportunity for cooperation and collaboration rather than a hindrance to community engagement. Students come to us from various backgrounds and with different life experiences. They all receive the same support programme and are offered the same activities imbedded in the community. They discover that difference is a strength and that dissimilarities are often more conventional than appearances suggest.

How does the scaffolding principle work? We organise a rigorous orientation during which students have multiple opportunities to interact with local lecturers and local community representatives, including a one-day cultural programme. They are invited to tour the town and its surrounding communities with a local person who provides background historical pieces and some stories on the visited places. They are introduced to traditional therapies by a healer member of a local Aboriginal group (Banatjarl Wumin' s Grup) which the RCS has been collaborating with for various teaching activities for the last two years. Not only Aboriginal communities are represented, other communities such as the remote cattle stations, non-health sectors and some diverse immigrant communities. The students are offered local mentors which are separate from their clinical supervisors.

"...working and learning with Indigenous people first hand seeing the cultural differences with western medicine and a western facility...has made my eyes wide open...this experience is invaluable..." (S4, FU, Year 2, 2013)

"...the orientation has provided me with better knowledge, more complete communication skills and greater social understanding..." (S5, FU, Year 3, 2013)

Students are also introduced to charities and NGOs operating in Katherine, as well as to all the local health care settings; acute (Katherine District Hospital), primary health care (general practice private clinics and Aboriginal medical services in town), and community-based health services (e.g. outreach services to distant communities). The placement not only provides students with knowledge and skills learning opportunities but also with opportunities for reflective learning and eye-opening experiences, called 'reality checks'. The unique environment and inherent limitations on healthcare delivery, encourages the students to develop a more imaginative approach to many of the issues they come across. They develop a holistic sense of living in a community and not focussing only on biomedical knowledge acquisition.

We aim at developing a learning space where an ethic of hospitality towards all therapeutic discourses and approaches underpins an integrative philosophy of practice and where community engagement is the norm not the 'add-on'. From the first year of the NT medical degree, the students are encouraged to experience and appreciate the environment in which they will learn. They come to Katherine for a three-day remote health experience (usually one day at FU South Australia) at the beginning of their teaching year. They learn about remote practice, from other health discipline students from nursing, pharmacy and students enrolled in an Aboriginal and Torres Strait Islander health practitioner degree already working in remote clinics. In multidisciplinary groups they learn and practice clinical skills at simulated stations designed to reflect the essential remote practice skills needed for the scenario case.

'....Great simulated environment..... Was a surprise that communication could be taught in a dynamic way...the presence of local facilitators was a real bonus to the learning... they know their stuff....'(S 23, evaluation RHE 2013)

Since its inception in 2011 this multidisciplinary programme has been run and developed successfully; by establishing it in Katherine the facilitators from the community feel an ownership for the event and go out of their way to make the experience memorable, realistic and enjoyable, so that students would elect to come back to Katherine for their clinical attachment of 20 weeks. For the last two years this has been the case which is very encouraging. Using student feedback, the programme was improved each year and a YouTube 2013 version can be seen on <https://www.youtube.com/watch?v=ZK54fdHZXo0>. Year 2 Flinders students also come to Katherine from Adelaide for their regional community engagement week.

‘....Hands on experience, interaction and insight with current health care workers in the Katherine Region- ie. The day spent with Good Beginnings staff and travelling to Binjari; speaking to Kyli (local Aboriginal lecturer) with regard to her own experiences of the town, and insights from Milli (healer)...’ (S2, FU, year2, evaluation 2013)

From 2014 students can elect to come to Katherine for their rural elective and three students will come for eight weeks in the middle of this year. Their prior experience has encouraged those students to confidently elect Katherine for their placement and continue to learn with supervisors they have already worked with and in an environment that is familiar. This year, in recognition of the importance of community engagement, the Faculty has decided to introduce an assessment (15%) that will reflect on a community project in which the student will have been involved.

“....this has been fantastic. Wurli (Aboriginal Medical Service) has been a fantastic experience. It is a pity that we only have 6 days allocated here over the entire semester. the uni should consider having us here for an entire 6 weeks. it would make students very thorough in their primary care skills. is the best clinical teacher i have had. he provides feedback after every consultation and makes sure the student does as much as possible...”
(S3, FU, Year3 term1, evaluation 2013)

Three medical graduates (out of five) that studied in Katherine in 2012 were awarded special prizes in 2013. We hope that these achievements will continue and that more students will come to Katherine for their placement.

Building on these successes Katherine RCS will offer opportunities to other health discipline students to participate in student-led clinic placement modelled on community service delivery that fosters community-university partnerships which aim to promote the principles and practices of community engagement. A speech pathology pilot in a primary school was successful in 2013 leading the way for more opportunities in 2014.